



TOWN OF HOOKSETT
Community Revitalization Tax Relief
Incentive Application
(RSA 79-E)

Mail or deliver to Town
Administrator's Office,
35 Main Street, Hooksett.
Attach a \$50 Application Fee
payable to "Town of Hooksett"

Building Name (if any)		Owner Name(s)	
Building Address		Owner(s) Address	
Phone #: Email address:			
Map #	Lot #	Book #	Page #
Current Zoning:			
This application is for: (X) Substantial Rehabilitation Tax Relief Incentive () Tax Relief Incentive for New Residential Units () Tax Relief Incentive for Affordable Housing () Tax Relief Incentive for Rehabilitation of Historic Places in accordance with the U.S. Secretary of Interior's Standards for Rehabilitation (please check all that apply)			
Year Built: _____		Square Footage of Building: _____	
Is the building eligible or listed on the State or National Register of Historic Places or located in the locally designated Village District? () Yes () No			
Existing Uses (describe number of units by type and size)		Is there a change of use associated with this project? () Yes () No If yes, please describe:	
Proposed Uses (describe number of units by type and size)			
Will the project include new residential units? () Yes () No If yes, please describe:		Will the project include affordable residential units? () Yes () No If yes, please describe:	
Has an abatement application been filed or has an abatement been awarded on this property within the past year? () Yes () No			
Will any state or federal grants or funds be used in this project? See 79-E:14. If so, describe and detail any terms of repayment (if applicable).			

DESCRIBE THE WORK TO BE DONE AND ESTIMATED COST.

1. Attach additional sheets if necessary and any written construction estimates.
2. Also attach any plot plans, building plans, sketches, renderings, or photographs that would help explain this application.

Structural:	\$
Electrical:	\$
Plumbing/Heating:	\$
Mechanical:	\$
Other:	\$
TOTAL: Note: To qualify for this tax relief incentive, the costs of the project must be at least 15% of the pre-rehabilitation assessed value of the building or \$75,000, whichever is less. In completing this form, you certify that the estimates are reasonable and that you meet the above requirement. Failure to meet the threshold or the listing of unreasonable construction costs will result in denial of the application and forfeiture of the application fee.	\$

Expected project start date:	Expected project completion date:
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I/we have read and understand the Community Revitalization Tax Relief Incentive Program (RSA 79-E, copy attached) and am/are aware that this will be a public process including a public hearing to be held to discuss the merits of this application and the subsequent need to enter into a covenant with the Town and pay all reasonable expenses associated with the drafting/recording of the covenant.

Signature	Type or Print Name	Date
Signature	Type or Print Name	Date
Signature	Type or Print Name	Date

TOWN COUNCIL REVIEW/DECISION

DOES THE PROJECT PROVIDE AT LEAST ONE OF THE FOLLOWING PUBLIC BENEFITS?

- Enhances economic vitality of the village YES NO
- Enhances and improves a culturally or historically important structure YES NO
- Promotes development of the village, providing for efficiency, safety, and a greater sense of community YES NO
- Increases residential housing in the village YES NO

THE APPLICATION IS:	() GRANTED	() DENIED
Substantial Rehabilitation Tax Relief Incentive granted for (up to 5 years beginning with completion of rehab)		years
Tax Relief Incentive for New Residential Units granted for (up to an additional 2 years, 4 years if affordable housing)		years
Tax Relief Incentive for Rehabilitation of Historic Places in accordance with the U.S. Secretary of Interior's Standards for Rehabilitation granted for (up to an additional 4 years)		years
Total		Years

IF DENIED, REASON(S) FOR DENIAL

Project failed to meet at least one of the public benefits

Structure is not located in the Village District as adopted by the Council

The above decision was rendered by a majority vote of the Hooksett Town Council after a public hearing held on _____.

Chair, Hooksett Town Council

Date

Copies to: Applicant
Assessing Department
Tax Collector
Administration